

CLAIMS ONLY

SERIAL NO.

09931210

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	18		18		18	
TOTAL DEP.	72		72		72	
TOTAL CLAIMS	90		90		90	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99		/		/		
100		/		/		
TOTAL IND.	18		18		18	
TOTAL DEP.	73		73		73	
TOTAL CLAIMS	91		91		91	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS